SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



	Permit #:	800176
	Date:	7-17-20
ENTE	Amount Paid:	\$ 250.00 Cash
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Original Application MUST be submitted DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT. FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT	REQUES	TED-	A	LAND USE	SANIT	TARY PRIVY		CONDITIO	ONAL	USE SPE	CIAL	USE	☐ B.O.A.	☐ O1	THER
Owner's Name:					Maili	ng Address:			City/	State/Zip:				Tele	phone:
Dennis		hti			Po	Box 491			IV	onRiver	- U	UI	54847	715	372-5480
Address of Propert	y:	1	01			City/State/Zip:	70	00)				CU847	200	Phone:
72370 T	Range	Lin	e Ra		Contr	7 A	5/		ge Lin	e Kol -	ron	Rive	e V	715	5-292-1879
Contractor: Self						-292 -1879		Plumber:	Han	PAIVAGE	1			2 30000	mber Phone: 5-372-4156
Authorized Agent:	(Person Sie	gning Appli	cation on beha	If of Owner(s))		t Phone:	V.SUMB	Agent Ma	ailing A	ddress (include	e City	/State/	Zip):	-	tten
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														0.000	ached
DROJECT		- x 18600				Tax ID#	W95/6					Record	ded Documen		ring Ownership)
PROJECT LOCATION	Lega	Descrip	tion: (Use T	ax Statement)		301	268	3					007R		14266
		100	Gov't Lot	Lot(s)	CSM	Vol & Page C	SM Do	c#	Lot(s)	# Block	#	Subdiv	ision:		
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Section/	9 , Tov	nship _	<u>48</u> N, F	Range <u>08</u> W	V	Town of: -	Tri	DO				Lot Siz	e	'	43, 080
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Owner(s): ______(If there are Mi ners must sign <u>or</u> letter(s) of authorization must accompany this application) Authorized Agent:

Date 6-19 = 2020

Date

Attach

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Show Location of: Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (7)(*) Wetlands; or (*) Slopes over 20% 1473

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

To be Removed

Changes in plans must be approved by the Planning & Zoning Dept.

Setback Measureme	nts	Description	Setback Measurements
242	Feet	Setback from the Lake (ordinary high-water mark)	Feet
209	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
554	Feet		
1081	Feet	Setback from Wetland	Feet
	Feet	20% Slope Area on the property	☐ Yes ☐ No
1203	Feet	Elevation of Floodplain	Feet
15	Feet	Setback to Well	13 Feet
	Feet		7)
	Feet		
	242 209 554 1081 242 1203	242 Feet 209 Feet	Measurements 242 Feet Setback from the Lake (ordinary high-water mark) 2 09 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 554 Feet Setback from Wetland 242 Feet 20% Slope Area on the property 1203 Feet Elevation of Floodplain 15 Feet Setback to Well Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town Village City State of Endown Associations and Computer State of Endow

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	20-805	# of bedrooms:	Sanitary Date:	-25-20
Permit Denied (Date):	Reason for Denial:				
Permit #: 20-0176	Permit Date: 7-17	7-20			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco	guous Lot(s)) 🗆 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) Yes No Case #:		Previously Granted b	y Variance (B.O.A.)	e #:	
Was Parcel Legally Created Was Proposed Building Site Delineated Wes No		Were Property Lin	es Represented by Owner Was Property Surveyed	✓Yes	
Inspection Record: Appears wale	compliant.			Zoning District Lakes Classification	(AG1)
Date of Inspection: 7 - 8 - 20	Inspected by:	dNoword		Date of Re-Inspe	ction:
Condition(s): Town, Committee or Board Conditions Att. A uniform dwelling loke VDC inspection againsty processing the Conditions of the Conditions Att. Signature of Inspector: In a condition of the Conditions Att. Signature of Inspector: In a condition of the Condition of t	(voc) permit	must be or	bained from	the locally t and h of permit	155 Jan Ce _
Hold For Sanitary:	Hold For Affic	davit: 🗌	Hold For Fees:		1-17-20

own, City, Village, State or Federal Rermits May Also Be Required

LAND USE - X
SANITARY - 20-80S
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	176		ls	ssued	To: De	nnis	Lahti								
Location:	NW	1/4	of	SW	1/4	Section	19	Township	48	N.	Range	8	W.	Town of	Tripp	
Gov't Lot			L	.ot		Blo	ock	Sul	odivisio	on				CSM#		
Title																

For: Residential Use: [1- Story; <u>Residence</u> (36' x 28') = 1,008 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting

Condition(s): A uniform dwelling code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to the start of construction. Must meet and maintain set-backs. Old existing house must be removed within 1 year of permit issuance.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Poole

Authorized Issuing Official

July 17, 2020

Date

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 247258
SIGN SPECIAL - NA
CONDITIONAL BOA -



BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

Tue Jul 14 2020

Date

Issued To: MERLYN K COY JR Tax ID: 30149 No: 06252001-2020 **TRIPP** Township 48 N. Range 08 W. Location: SW SE NW IN V.1042 P.849 145 Section 11 Subdivision: CSM# Block 0 Lot 0 Govt Lot 1 For Residential / Other / 60L x 12W x 12H Condition(s): Structure not for human habitation. Must meet and maintain setbacks. NOTE: This permit expires one year from date of issuance if the authorized **Todd Norwood** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

obtaining approval. This permit may be void or revoked if any of the

application information is found to have been misrepresented,

erroneous, or incomplete.